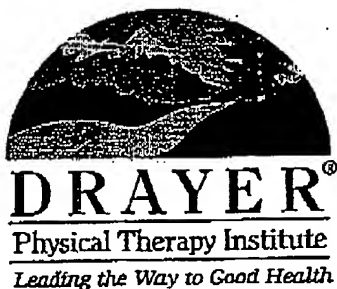


RECEIVED
CENTRAL FAX CENTER

DEC 07 2006

MT. STERLING CENTER
624 North Maysville Road, Suite C
Mt. Sterling, KY 40353
Phone: 859-499-4351
Fax: 859-499-4321**Fax**

To: Office of Initial Patent Exam From: Ron Handshoe
Fax: _____ Date: 12/07/06
Phone: _____ Pages: 2 Including Coversheet.
Re: _____ CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

*Comments:

Office of Patent Exam,Thank you,Ron Handshoe

*****IMPORTANT NOTICE*****

THIS FACSIMILE MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR OTHERWISE PROTECTED FROM DISCLOSURE TO ANYONE OTHER THAN ITS INTENDED RECIPIENT(S). ANY DISSEMINATION OR USE OF THIS FACSIMILE OR ITS CONTENTS BY PERSONS OTHER THAN THE INTENDED RECIPIENT(S) IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR BY A FACSIMILE SO THAT WE MAY CORRECT OUR INTERNAL RECORDS. PLEASE THEN SHRED AND DISPOSE OF THE FACSIMILE. THANK YOU.

RECEIVED
CENTRAL FAX CENTER

DEC 07 2006

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/072,485
Filing Date	02/07/2002
First Named Inventor	Ron Handshoe
Art Unit	3764
Examiner Name	Mrs. Baker-Amerson
Attorney Docket Number	HANK 0101 PUS

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Ron Handshoe		
Address	127 Woodford Drive		
City	Winchester	State	Kentucky
Country	United States of America		
Telephone	(859) 745-7840	Email	www.AmyHandshoe@aol.com

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF Applicant or Assignee of Record

Signature	<i>Ron Handshoe</i>		
Name	Ron Handshoe		
Date	12/01/06	Telephone	(859) 745-7840

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY